

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 29-NOV-2017		TIME 1425	ADDRESS OF OCCURRENCE 6124 S DR MARTIN LUTHER KING JR DR CHICAGO, IL 60637			LOCATION CODE 289	BEAT/OCCUR. 0311	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO		
	BUSINESS NAME STAIRWAY		EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE					
	EVENT NO. 08188		RD NO. JA530257	IR NO. 2073018	CB NO. 19570356	CHARGE 720 ILCS 5.0/12-2-B-4 - AGG ASSAULT PC OFFICER/VOLUNTEER			INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
INVOLVED MEMBER	LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS		WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY	PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT	BICYCLE <input type="checkbox"/> MOTORCYCLE/ PAV	SQUADROL <input type="checkbox"/> VAN/BUS	OTHER: <input type="checkbox"/>	MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INCIDENT <input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	
	RANK 9161	LAST NAME GARCIA		FIRST NAME JULIO		EMPLOYEE NO. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 4	AGE 34	HT. WT.	
	DATE OF APPT. 05-OCT-2012	UNIT & BEAT OF ASSIGN. 003	DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	Minor Contusion/Laceration <input type="checkbox"/> <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	Laceration Requiring Sutures <input type="checkbox"/> <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	Gun Shot <input type="checkbox"/> <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)			
SUBJECT INFORMATION	LAST NAME CATHERY		FIRST NAME AQUONES		M.I. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. 08-AUG-1993	HT. 505	WT. 130	
	ADDRESS 5956 S WASHTEAN AV CHICAGO, IL 60629		TELEPHONE NO.		CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	<input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	Under Influence of Drugs <input type="checkbox"/> <input type="checkbox"/> Mental Illness / <input type="checkbox"/> Emotional Disorder	OTHER (Specify)			
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid		<input checked="" type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		COOK COUNTY STROGER HOSPITAL		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Subject Alleged Injury <input checked="" type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal				
SUBJECT'S ACTIONS (Check all that apply)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:				
							WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input checked="" type="checkbox"/> Member at Gunpoint <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member				
	SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, IDENTIFY MANNER OF ATTACK?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Stabbed/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)	Struck/Blunt Force (Including Attempt) <input type="checkbox"/> <input type="checkbox"/> Processing/Transporting/Guarding Arrestee <input type="checkbox"/> Charge: _____			
MEMBER'S RESPONSE (Check all that apply)	TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Disturbance - Domestic <input checked="" type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Other - Describe in Narrative	<input type="checkbox"/> Pursuing/Arresting Subject <input type="checkbox"/> Charge: _____	Charge: _____				
	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Fleeing Subject	<input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional					
	FORCE MITIGATION EFFORTS						CONTROL TACTICS				
WEAPON DISCHARGE	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES		<input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> SPECIALIZED UNITS		<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS	<input type="checkbox"/> NONE <input type="checkbox"/> OTHER	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR	<input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/> OTHER DNA		
	RESPONSE WITHOUT WEAPONS						RESPONSE WITH WEAPONS				
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> KICKS <input type="checkbox"/> OTHER		<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*	<input type="checkbox"/> TASER <input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON	<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)	<input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER		
*AUTHORIZED BY (NAME) ,						RANK	STAR NO.	UNIT NO.			
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER <input type="checkbox"/> REVOLVER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE		WEAPON SERIAL NO. AADW849		WEAPON CERT. NO. R030407S				
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON						
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN						
WEAPON DISCHARGE	TASER DISCHARGE ONLY	TASER DART ID NO.		PROPERTY INVENTORY NO.	PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER			
	FIREARM DISCHARGE ONLY	WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER		TOTAL NO. OF SHOTS MEMBER FIRED 7	WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAKE/ MANUFACTURER GLOCK GMBH	MODEL 17	DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			

## NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): <input checked="" type="checkbox"/> IMMEDIATE SUPERVISOR <input checked="" type="checkbox"/> DISTRICT OF OCCURRENCE	NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> CPIC
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**NARRATIVE** (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER **WILL NOT COMPLETE THE NARRATIVE SECTION** FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name) GARCIA, JULIO	STAR/EMPLOYEE NO. 9714	SIGNATURE PC0AH61
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### REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input checked="" type="checkbox"/> Gun Shot			HOW WAS INJURY SUSTAINED? <input checked="" type="checkbox"/> Intentional Act by Member <input type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Intentional Act by Other					
<input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Fatal			<input type="checkbox"/> Unintentional Act by Member <input type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Unintentional Act by Other					
<input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Other (Explain)								
WITNESSES	LAST NAME  <b>UNK</b>		FIRST NAME		M.I.	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL		TELEPHONE NO.		WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT <input type="checkbox"/> REFUSED		<input type="checkbox"/> OTHER (Specify) AVAILABLE	
	WITNESS STATEMENT							

### REVIEWING SUPERVISOR: COMMENTS

THIS IS A BWC RECORDED INCIDENT. R/SGT. RESPONDED TO THE SCENE AND WAS UNABLE TO LOCATE ANY WITNESSES BECAUSE THE CROWD GATHERED ON THE SCENE WAS VERY HOSTILE AND UPSET OVER THE SHOOTING. THE CROWD WAS DISPERSED FOR OFFICER SAFETY AND FOR CRIME SCENE PRESERVATION. WHILE ON SCENE, R/SGT. RECEIVED INFORMATION THAT THE CROWD WAS LOOKING TO RETALIATE AGAINST THE POLICE FOR THE SHOOTING. THE OFFENDER SUSTAINED GSWs TO HIS BODY. EVIDENCE TECHNICIANS BTS 5811 AND 5814 RESPONDED AND PROCESSED THE SCENE. R/SGT. ATTESTS TO HIS COMPLIANCE WITH THE RESPONSIBILITIES OUTLINED IN GO3-02-02. NOTIFICATIONS: ZONE #7, CPIC POPIELA #14124, DSS JOHNSON #904 AND WOL JOHNSON #212.

ATTACHMENTS:	<input checked="" type="checkbox"/> CASE REPORT	<input checked="" type="checkbox"/> ARREST REPORT	<input checked="" type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> INVENTORY	<input type="checkbox"/> IOD REPORT	<input type="checkbox"/> TASER DOWNLOAD	<input type="checkbox"/> OTHER
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REVIEWING SUPERVISOR:  <input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN GO3-02-02.	LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA).  <input checked="" type="checkbox"/> LOG NO. OBTAINED. 1087659
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<input checked="" type="checkbox"/> I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.
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REVIEWING SUPERVISOR NAME (Print) RAYL, MURPHY	STAR NO. 820	SIGNATURE [REDACTED]
		DATE/TIME COMPLETED 29-NOV-2017 2206

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:

- A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
- B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
- C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR <u>1</u> OF <u>1</u> TRR(S)
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# TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	29-NOV-2017	1425	6124 S DR MARTIN LUTHER KING JR DR CHICAGO, IL 60637	08188	JA530257	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE 720 ILCS 5.0/12-2-B-4 - AGG ASSAULT PC OFFICER/VOLUNTEER
	9161	GARCIA	JULIO		19570356	
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. 08-AUG-1993
CATHERY	AQUONES					

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

### SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Offender underwent surgery and is currently intubated.

### LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

This incident was recorded by BWC. Appropriate BWC's were viewed by the reporting Deputy Chief and the involved member. No ICC system in member's vehicle. At this stage of the investigation no witnesses have been located or come forward who observed the shooting incident. The member responded to a Shots Fired call and subsequently encountered the offender at the scene. The offender fled on foot with the member in pursuit. The offender during the pursuit was observed with a firearm and subsequently pointed said firearm in the officer's direction. The member discharged his firearm, striking the offender. The offender's weapon was recovered at the scene. The member immediately requested medical attention via OEMC. The member and other officers attempted to render medical attention to the injured offender prior to the arrival of CFD paramedics.

### LT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.  
 I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE  
 REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE  
 REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE  
 ACCOUNTABILITY (COPA). LOG NO. OBTAINED:  
 1087659

BASED ON THE PRELIMINARY  
 INFORMATION THAT I HAVE  
 REVIEWED AND THAT WAS  
 AVAILABLE AT THE TIME OF  
 THIS REPORT, THE  
 MEMBER'S USE OF FORCE  
 RESPONSE APPEARS TO BE:

- IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.  
 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND  
 DIRECTIVES.  
 A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

### ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

OTHER:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR  REVIEW LEGAL/TRAINING BULLETIN  
 REVIEW STREAMING VIDEO  STRESS REDUCTION SEMINAR  
 REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

STAR NO.

SIGNATURE

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DATE/TIME COMPLETED

29-Nov-2017